

## MASTER TRADING PARTNER PROFILE

### TRADING PARTNER TYPE:

☒ Jurisdiction  
☐ Service Bureau  
☐ Employer  
☐ Claims Administrator  
☐ Other (specify): \_\_\_\_\_

### MASTER TRADING PARTNER INFORMATION:

Name: Kentucky Office of Workers Claims  
Master FEIN: 61-0600439  
Phy Address: Prevention Park  
657 Chamberlin Avenue  
City: Frankfort  
State: KY Postal Code: 40601  
  
Mail Address: \_\_\_\_\_  
\_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

### CONTACT INFORMATION:

#### Business Contact(148/A49):

Name: Deborah Wingate  
Title: Director, Information and Research  
Phone: 502-564-5550 ext 4423  
FAX: 502-564-5732  
Email: [deborah.wingate@ky.gov](mailto:deborah.wingate@ky.gov)

#### Technical Contact(148/A49):

Name: Cam Lawson.  
Title: EDI Administrator  
Phone: 502-564-5550 ext 4486  
FAX: 502-564-8250  
Email: [HowardC.Lawson@ky.gov](mailto:HowardC.Lawson@ky.gov)

#### Business Contact(837):

Name: Deborah Wingate  
Title: Director, Information and Research  
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Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Phone: \_\_\_\_\_  
FAX: \_\_\_\_\_  
Email: \_\_\_\_\_

### Technical Contact:

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Phone: \_\_\_\_\_  
FAX: \_\_\_\_\_  
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